

Shown below is your submission to

on Monday 10th of April 2017 05:00:43 PM

This form resides at <http://www1.nyc.gov/site/opa/forms/fica-refund-claim-inquiry-form.page>

<b>First Name</b>	Jacquelyn
<b>Last Name</b>	N'Jai
<b>Company Name</b>	New York City Board of Education
<b>Address</b>	PO Box 10133
<b>Apartment/Suite Number</b>	
<b>City</b>	Pittsburgh
<b>State</b>	PA
<b>ZIP/Postal Code</b>	15232
<b>textfield</b>	
<b>Phone</b>	[REDACTED]
<b>Email</b>	jredeemed@gmail.com
<b>Message</b>	<p>This is another request for my 1985-1990 employment/payroll records. I have asked multiple times and never got the information yet. Please consider this as a Right to Know Request for payroll information for 1984-1990. Thanks, Jacquelyn B. N'Jai</p>

Menu

## Payroll

Search  
Direct DepositCommuterTaxOther Forms  
Select ▾

- LoDI Refund Claim Inquiry

# FICA Refund Claim Inquiry Form

The City filed refund claims for both the employer's and employees' share of the FICA taxes paid on LoDI payments received by eligible uniformed members of the City's Correction, Fire, Police and Sanitation departments for a period of six months or less for the years 1989 through 2005.

The City filed refund claims for both the employer's and employees' share of the FICA taxes paid on LoDI payments received by eligible employees of the City's Department of Education and District Attorney offices of New York, Bronx, Queens, Kings, Richmond Counties and Special Narcotics for a period of six months or less for the years 1989 through 2005.

Please note: Completing this form will not change the City's Payroll Management System address. Should you choose to change the City's Payroll Management System address, you must contact your City agency's personnel division to change your address.

Send an inquiry to:

**FICA Refund Claim Unit**  
The Office of Payroll Administration

**Note:**

If you believe your address must be changed, complete the Change of Employee Address for FICA Refund Claim form and follow the instructions on the form.

Contact information (email, name and mailing address, or phone) is REQUIRED if you would like a reply.

Email is required for you to receive an acknowledgement of receipt.

**\* Indicates required fields**

First Name\* Jacquelyn

Last Name\* N'Jai

Company Name New York City Board of Education

Address PO Box 10133  
Apartment/Suite Number

City Pittsburgh

State Pennsylvania ▼

ZIP/Postal Code 15232

Text field

Phone 412 980 5746

Email jredeemed@gmail.com

This is another  
request for my 1985-  
1990  
employment/payroll  
records. I have  
asked multiple  
times and never got

Message the information yet.

**Notification Disclaimer:**

Communications made through this electronic mail and message system shall in no way be deemed to constitute legal notice to the City of New York or any of its agencies, officers, employees, agents, or representatives, with respect to any existing or potential claim or cause of action against the City or any of its agencies, officers, employees, agents, or representatives, where notice to the City is required by any federal, state or local laws, rules, or regulations.

I'm not a robot

Please carefully review the information that you have entered before hitting the Submit button.

Submit Reset